

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90150 015 \*\*\*150.00

DOCUMENT # F95000001614

1. Corporation Name

TCI TELE-COMMUNICATIONS, INC.

Principal Place of Business

5619 DTC PARKWAY  
TAX DEPT  
ENGLEWOOD CO 80111  
US

Mailing Address

5619 DTC PARKWAY  
TAX DEPT  
ENGLEWOOD CO 80111  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

4. FEI Number

84-1260157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P O BOX 5630

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

29 80217-5630

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE. 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEBD ☐ DELETE

NAME MALONE, JOHN C  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-STATE-ZIP ENGLEWOOD CO 80111

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE D ☒ DELETE

NAME FISHER, DONNE F  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-STATE-ZIP ENGLEWOOD CO

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE

NAME HINDERY, LEO J JR  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-STATE-ZIP ENGLEWOOD CO

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE VS ☐ DELETE

NAME BRETT, STEPHEN M  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-STATE-ZIP ENGLEWOOD CO 80111

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE VT ☐ DELETE

NAME SCHOTTERS, BERNARD W II  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-STATE-ZIP ENGLEWOOD CO 80111

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE V ☒ DELETE

NAME ROMRELL, LARRY E  
STREET ADDRESS 5619 DTC PARKWAY  
CITY-STATE-ZIP ENGLEWOOD CO 80111

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicates on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assisted by Nolan Gookin  
President

Date

Daytime Phone #

CR2E034 (1/98)